PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Un	der the Pa	perwork Redu	ction Act of 19	95, no persocare re	equired to	respond to a collection				control number.
Effective on 1200-200-2						Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).								09/778,424-Conf. #6879		
FEE TRANSMITTAL								February 7, 20		
For FY 2005								Joseph C.h. Park T. A. Vu		
	A !:	A -1-1	114%4-4	0 07 050 4 0	_					·
			<u> </u>	. See 37 CFR 1.2		Art Unit 2124				
IOIAI	LAMOU	NT OF PAY	MENT	(\$) 1,240.0	00	Attorney Docket No. 03226/037001; P5009				
METHOD OF PAYMENT (check all that apply)										
Check X Credit Card Money Order Other (please identify):										
x D	x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha & May L.L.P.									
	For the	above-iden	tified depos	it account, the D	irector is	hereby authorize	ed to: (che	ck all that apply)		
	c	harge fee(s) indicated t	elow		Charge	e fee(s) in	dicated below, ex	cept for th	e filing fee
	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE (CALCUI	LATION					·			
1. BAS	IC FILIN	G, SEARC	H, AND EXA	MINATION FE	ES				<u> </u>	
			FILI	NG FEES	SE	ARCH FEES	EXAMI	NATION FEES		
Applic	cation T	<u>ype</u>	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utilit	ty		300	150	500	250	200	100		
Desig	gn		200	100	100	50	130	65		
Plant	:		200	100	300	150	160	80		
Reiss	ue		300	150	500	250	600	300		
Provi	isional		200	100	0	0	0	0		
2. EXC	ESS CL	AIM FEES								Small Entity
	scription								Fee (\$)	Fee (\$)
Each cl	aim ove	r 20 (includ	ling Reissue	es)					50	25
Each in	idepende	ent claim ov	ver 3 (includ	ling Reissues)	44.				200	100
Multipl	le depen	dent claims	1						360	180
Total	Claims	Extra	Claims	Fee (\$)	Fee	Paid (\$)	<u>N</u>	Multiple Depende	ent Claims	
-		-=	x	= _			<u>F</u>	<u>ee (\$) </u>	Fee Paid (\$	1
Indep.	Claims	Extra	Claims	Fee (\$)	Fee I	Paid (\$)				-
		- =	x							
		N SIZE FE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
	tal Sheet		xtra Sheets			dditional 50 or frac	tion there	of Fee (\$)	Fee F	Paid (\$)
			<u> </u>			(round up to a who			=	
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1253 Extension for response within second month 450.00										
						sponse witnin si tinued examinat				0.00 0.00
SUBMITTED BY										
-				 		Registration No.	51,048	Telephone	(713) 228	8-8600
Signature		\A/= - '5 ! !	O !-!			(Attorney/Agent)	51,040			
Name (P	rint/Type)	vvasit H.	Qureshi			····		Date	March 16	, 2005

I hereby certify that this corresponden in an envelope addressed to: Commis	ssioner for Patents, P.O. Box	1450, Alexandria, VA 22313-14	450, on the date shown below.
Dated: March 16, 2005	Signature:	utbutudo	(Beri W. Hartwell)



Application No. (if known): 09/778,424

Attorney Docket No.: 03226/037001; P5009

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV576719285US in an envelope addressed to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on	March 16, 2005				
	Date				

Beula	reture O D
/ Signati	ure
Beri W. Ha	artwell
Typed or printed name of pe	erson signing Certificate
N/A	(713) 228-8600
Registration Number, if applicable	Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (2

pages)

Information Disclosure Statement (3 pages)

Request for Continued Examination Transmittal (1 page)
IDS (Citation) by Applicant (1 page) (4 References= 53 pages)
Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$1,240.00 to credit card